## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000094199

Entity Name: 2 B REAL VENTURES, LLC

FILED Jul 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18830 U.S. HIGHWAY 441 32218 CR 437

MOUNT DORA, FL 32757 SORRENTO, FL 32276

Current Mailing Address: New Mailing Address:

18830 U.S. HIGHWAY 441 PO BOX 1462

MOUNT DORA, FL 32757 SORRENTO, FL 32776

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOURN, RICK C BOURN, RICK C

18830 U.S. HIGHWAY 441 9433 SOUTHERN GARDENS CIRCLE MOUNT DORA, FL 32757 US SORRENTO, FL 32714 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

in the State of Florida.

SIGNATURE: 07/16/2007

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BOURN, RICK C
 Name:

 Address:
 9433 SOUTHERN GARDENS CIRCLE
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:

Title: VICE ( ) Delete Title: ( ) Change ( ) Addition

Name:BEHRENS, TRAVIS KName:Address:583 BRANTLEY TERRACE WAY UNIT# 302Address:City-St-Zip:ALTAMONTE SPRINGS, FL 32714City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICK C BOURN PRES 07/16/2007